

# **Sugar intake from sweet food and beverages, common mental disorder and depression: prospective findings from the Whitehall II study**

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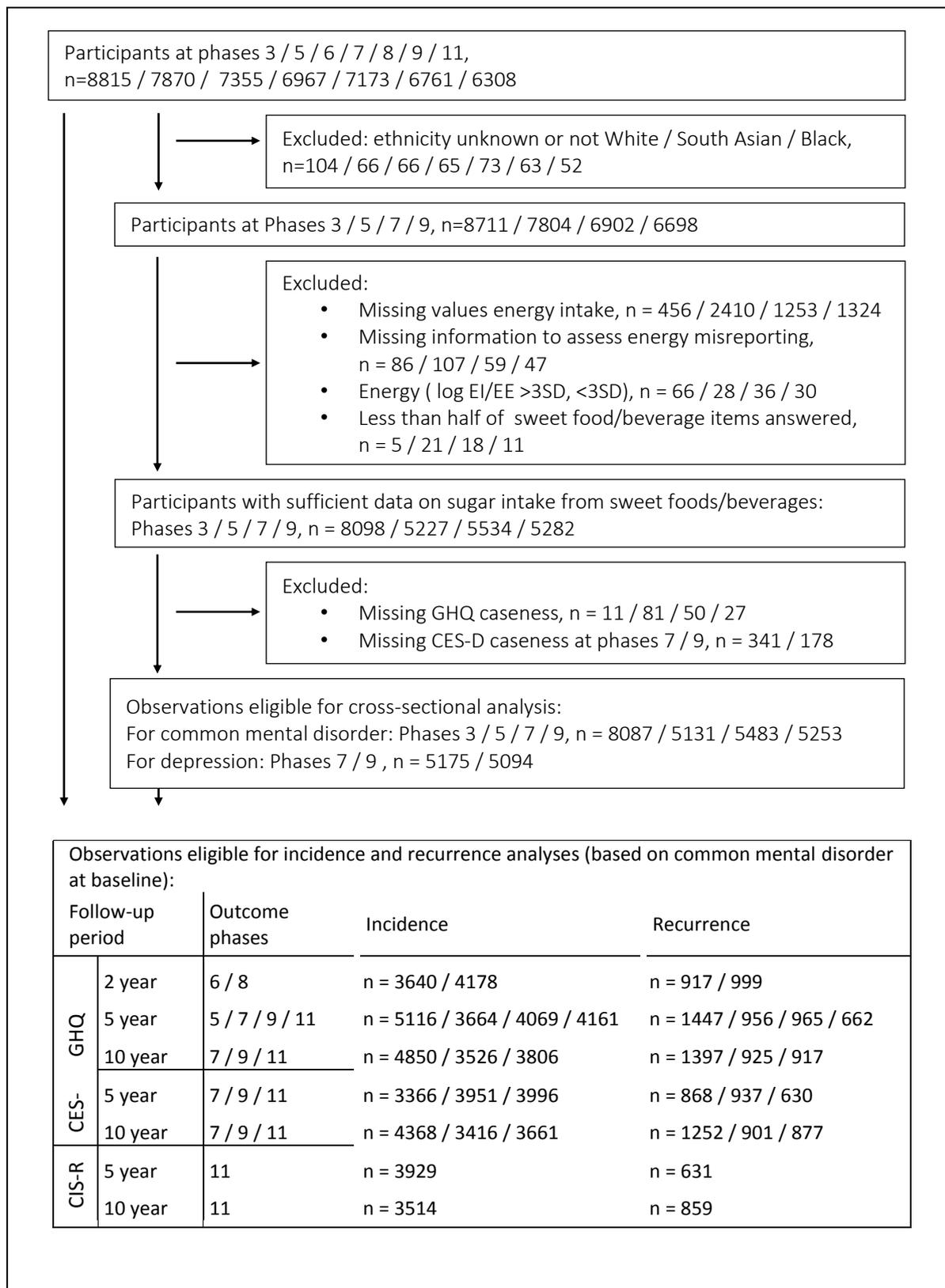
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**Figure S1 Inclusion of person observations by phase**

Abbreviations: GHQ = General Health Questionnaire, CES-D = Centre of Epidemiologic Studies Depression Scale, CIS-R = revised Clinical Interview Schedule.

<b>Sweet food</b>	<b>Beverages</b>
sweet biscuits	fizzy soft drinks
buns or pastries	fruit squash or cordial
Cakes	fruit juice
chocolates or chocolate bars	malted milk drinks, such as Horlicks
fruit pies, tarts or crumbles	cocoa or hot chocolate
ice cream	
jam, marmalade or honey	
milk puddings, sponge puddings	
added sugar	
sweets, toffees or mints	

**Table S1 Sources of sugar intake from sweet food/ beverages**

	Incident common mental disorder <sup>b</sup> after 2 years, OR (95% CI)			
	events / person observations	Model 0 <sup>c</sup>	Model 1 <sup>d</sup>	Model 2 <sup>e</sup>
Sugar intake from sweet food/beverages				
Lowest Tertile	214 / 2059	1.0 (reference)	1.0 (reference)	1.0 (reference)
MiddleTertile	194 / 1799	1.05 (0.82 ,1.34)	1.05 (0.82 ,1.34)	1.00 (0.78 ,1.29)
Highest Tertile	196 / 1581	1.33 (1.03 ,1.71)	1.31 (1.01 ,1.70)	1.19 (0.90 ,1.56)
Total	604 / 5439			
<i>P</i> for trend		0.032	0.045	0.234
	Incident common mental disorder <sup>b</sup> after 5 years, OR (95% CI)			
	events / person observations	Model 0 <sup>f</sup>	Model 1 <sup>d</sup>	Model 2 <sup>e</sup>
Sugar intake from sweet food/beverages				
Lowest Tertile	463 / 4391	1.0 (reference)	1.0 (reference)	1.0 (reference)
MiddleTertile	434 / 3886	1.06 (0.90 ,1.24)	1.08 (0.92 ,1.27)	1.05 (0.89 ,1.24)
Highest Tertile	456 / 3467	1.30 (1.10 ,1.54)	1.32 (1.11 ,1.56)	1.24 (1.04 ,1.48)
Total	1353 / 11744			
<i>P</i> for trend		0.002	0.002	0.019

**Table S2 Prospective association of sugar intake from sweet food/beverages and incident common mental disorder after 2 and 5 years in men excluding participants with self-reported doctor diagnosed depression at each baseline<sup>a</sup>**

Abbreviations: OR = Odds ratio, CI = Confidence interval, DASH = Dietary Approaches to Stop Hypertension.

<sup>a</sup>Prospective association across phases 3, 5 for 2-year and 3, 5, 7, 9 for 5-year incident common mental disorder.

<sup>b</sup>Common mental disorder measured using the 30-item General Health Questionnaire.

<sup>c</sup>2-year model 0 (631 events / 5661 person observations): adjusted for age, ethnicity.

<sup>d</sup>Model 1: additionally adjusted for marital status, last grade level in civil service, smoking, alcohol intake, physical activity, sleep duration.

<sup>e</sup>Model 2: additionally adjusted for energy intake from other foods, modified DASH diet score, fish, coffee and tea intake.

<sup>f</sup>5-year model 0 (1413 events / 12238 person observations): adjusted for age, ethnicity.

Recurrent clinical depression after 5 years <sup>b</sup> , OR (95% CI)				
		Model 0 <sup>c</sup>	Model 1 <sup>d</sup>	Model 2 <sup>e</sup>
Sugar intake from sweet food/beverages				
Lowest Tertile	27 / 236	1.0 (reference)	1.0 (reference)	1.0 (reference)
MiddleTertile	26 / 182	1.37 (0.79, 2.40)	1.23 (0.68, 2.24)	1.11 (0.60, 2.05)
Highest Tertile	29 / 172	1.65 (0.96, 2.87)	1.58 (0.87, 2.86)	1.24 (0.67, 2.31)
Total	82 / 590			
<i>P</i> for trend		0.07	0.13	0.50

**Table S3 Prospective association of sugar intake from sweet food/beverages and recurrent clinical depression after 5 years<sup>a</sup>**

Abbreviations: OR = Odds ratio, CI = Confidence interval, DASH = Dietary Approaches to Stop Hypertension.

<sup>a</sup>Prospective association across phase 9 to 11.

<sup>b</sup>Clinical depression measured using the revised Clinical Interview Schedule.

<sup>c</sup>Clinical depression model 0 (92 events / 631 participants): adjusted for age\*sex, ethnicity.

<sup>d</sup>Model 1: additionally adjusted for marital status, last grade level in civil service, smoking, alcohol intake, physical activity, sleep duration.

<sup>e</sup>Model 2: additionally adjusted for energy intake from other foods, modified DASH diet score, fish, coffee and tea intake.